

**STATE OF HAWAII
DEPARTMENT OF HEALTH
NUTRITION & PHYSICAL ACTIVITY SECTION**

EVALUATION WORKSHEETS for Day Care Center Food Service

Name of day care center: _____ Phone: _____

Address: _____

Date of visit: _____ Hours of operation: _____

Consultant nutritionist: _____

Day care participates in the USDA reimbursement program: _____ yes, _____ no

DAY CARE CENTER PERSONNEL:

Person in charge: _____ Title: _____

Head teacher: _____

Staff responsible for:

Breakfast: _____ Lunch: _____

A.M. snacks: _____ P.M. snacks: _____

Planning menu: _____ Purchasing food: _____

Preparing food: _____ Cleaning: _____

Comments: _____

ENROLLMENT:

Licensed capacity: _____ Present enrollment: _____

Number (1 & 2 years): _____ Number (3-5 years): _____

Number (6 – 12 years): _____

Number (before school care): _____ Number (after school care): _____

MEAL/SNACK COUNT:

Type of Meal Service:

Child Care Service **with** Meal Service: _____ 2-4 hours; _____ 4-8 hours; _____ 8+ hours

Child Care Service **without** Meal Service: _____ 4-8 hours; _____ 8+ hours

	Time Served		1&2 yrs.	3-5 yrs.	6-12 yrs.	Total
Breakfast		Number eating				
A.M. snack		Number eating				
P.M. snack		Number eating				
School lunch		Number eating				
Home lunch		Number eating				

Number of children with specific dietary problems or food allergies: _____

This information posted? _____ no, _____ yes, where _____

How are they accommodated? _____

MEAL/SNACK SERVICE OBSERVATION

Date of observation: _____

Menu date: _____ Any substitutions made? ____ yes, ____ no

Check meal(s) or snack(s) and time observed:

Breakfast: _____ time: _____; Lunch: _____ time: _____; Supper: _____ time: _____;

A.M. snack: _____ time: _____; P.M. snack: _____ time: _____

Foods	Amount Served

Is drinking water easily accessible to all children? ____ yes, ____ no

Is there much plate waste? ____ no, ____ yes, what foods: _____

Were seconds allowed? ____ yes, ____ no

Comments:

MENU EVALUATION

Put comments on whether or not the meal/snack pattern is met and recommendations made for change. Menu is attached: _____ for one week, _____ for one month, other: _____

Is menu(s) posted? _____ no, _____ yes, where _____

Is menu available to parents? _____ yes, _____ no

Consideration for menu evaluations: Variety, high fiber, low fat, salt and sugar foods

	Child Care Meal Pattern (1-12 years)			
	Breakfast 1. Milk: $\frac{1}{2}$ - 1 c. 2. Fruit, 100% juice or vegetable: $\frac{1}{4}$ - $\frac{1}{2}$ c. 3. Bread and/or cereal, enriched or whole grain: $\frac{1}{2}$ - 1 sl. Or $\frac{1}{4}$ - $\frac{3}{4}$ c.	Snack 1. Milk: $\frac{1}{2}$ - 1 c. 2. Fruit, 100% juice, or vegetable: $\frac{1}{2}$ - 1 c. 3. Bread and/or cereal, enriched or whole grain: $\frac{1}{2}$ - 1 sl. Or $\frac{1}{4}$ - $\frac{3}{4}$ c. 4. Meal or meat alternate: $\frac{1}{2}$ - 1 oz.		Lunch or Supper 1. Milk: $\frac{1}{2}$ - 1 c. 2. Vegetable and/or fruit (two or more): $\frac{1}{4}$ - $\frac{3}{4}$ c. 3. Bread or bread alternate, enriched or whole grain: $\frac{1}{2}$ - 1 sl. Or $\frac{1}{4}$ - $\frac{1}{2}$ c. 4. Meat or meat alternate: 1 - 2 oz.
		Mid-morning	Mid-afternoon	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

FOOD PURCHASING EVALUATION

Dates food purchasing evaluated: _____

Where is the food purchased? _____

How often? _____

Are USDA commodities available and used? _____ yes, _____ no

Foods	Usual order per menu or Order per week	Quantity needed for enrollment	Total quantity short
Milk			
Poultry			
Beef			
Fish			
Eggs			
Other Protein Foods			
Vitamin A Foods: Fruits/Vegetables			
Vitamin C Foods: Fruits/Vegetables			
Sweets			

Worksheet for estimating amount of food required

Reference: USDA – Food Buying Guide for Child Nutrition Program, pg. 5, revised May, 1990.

	AGE 1-2 yrs.	Meal Census	Amount Required	AGE 3-5 yrs.	Meal Census	Amount Required	AGE 6-12 yrs.	Meal Census	Amount Required	TOTAL Amount Required	Amount Served	Amount Short
BREAKFAST												
Milk, fluid	½ cup			¾ cup			1 cup					
Fruit, or 100% juice, or vegetable	¼ cup			½ cup			½ cup					
Bread and/or cereal, Enriched or whole grain												
Bread or	½ slice			½ slice			1 slice					
Cereal: Cold dry or	¼ cup			1/3 cup			¾ cup					
Hot cooked	¼ cup			¼ cup			½ cup					
SNACK (supplement) Mid-morning or mid-afternoon (Select 2 or 4 components)												
Milk, fluid	½ cup			½ cup			1 cup					
Fruit, or 100% juice, or vegetable	½ cup			½ cup			¾ cup					
Bread and/or cereal, Enriched or whole grain												
Bread or	½ slice			½ slice			1 slice					
Cereal: Cold dry or	¼ cup			1/3 cup			¾ cup					
Hot cooked	¼ cup			¼ cup			½ cup					
Meat or meat alternate	½ oz.			½ oz.			1 oz.					
LUNCH OR SUPPER												
Milk, fluid	½ cup			¾ cup			1 cup					
Fruit and/or vegetable (two or more)	¼ cup			½ cup			¾ cup					
Bread or bread alternate, Enriched or whole grain												
Bread or	½ slice			½ slice			1 slice					
Cereal or grains	¼ cup			¼ cup			½ cup					
Meat or meat alternate Meat, poultry, or fish, cooked (lean meat without bone)	1 oz.			1 ½ oz.			2 oz.					
Cheese	1 oz.			1 ½ oz.			2 oz.					
Egg	1			1			1					
Cooked dry beans and peas	¼ cup			3/8 cup			½ cup					
Peanut butter or other nut or seed butters	2 Tbsp.			3 Tbsp.			4 Tbsp.					
Nuts and/or seeds	½ oz.			¾ oz.			1 oz.					

EVALUATION CHECK LIST

RECORD KEEPING

Yes No

- | | | |
|-------|-------|--------------------------|
| _____ | _____ | Menus available? |
| _____ | _____ | Menu substitutions? |
| _____ | _____ | Food purchasing records? |
| _____ | _____ | Recipes used? |

NUTRITION EDUCATION FOR CHILDREN

Yes No

- | | | |
|-------|-------|---|
| _____ | _____ | Nutrition lessons in the classroom? |
| _____ | _____ | Preparation of foods? |
| _____ | _____ | Serving of food? |
| _____ | _____ | Field trips? |
| _____ | _____ | Interested in nutrition education _____ for staff, _____ for children, _____ for parents? |

PHYSICAL FACILITIES

Yes No

- | | | |
|-------|-------|---|
| _____ | _____ | Tables and chairs suitable for children? |
| _____ | _____ | Dishes, glasses, utensils: safe and easy for children? |
| _____ | _____ | Adequate kitchen, storage, and refrigeration spaces? |
| _____ | _____ | Refrigerated space provided for packed home snacks/lunches? |
| _____ | _____ | Uncluttered and clean dining area? |
| _____ | _____ | Sanitation inspection record? Date: _____ Score: _____ |

ATTITUDES AND ENVIRONMENT

Yes No

- | | | |
|-------|-------|---|
| _____ | _____ | Hands washed before snacks and meals? |
| _____ | _____ | A rest or quiet period planned before meals? |
| _____ | _____ | Variation in children's appetite considered? |
| _____ | _____ | Mealtime pleasant for the children to develop good attitudes toward food? |
| _____ | _____ | How are children introduced to new foods? |
| _____ | _____ | Overweight children? How are they handled? |

Recommendations or follow-up: